|  |  |   |                                       |   |                  |           | Application or Docket Number |                        |         |                  |                        |  |
|--|--|---|---------------------------------------|---|------------------|-----------|------------------------------|------------------------|---------|------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  |  |   |                                       |   |                  |           |                              | 1 22 6                 |         |                  |                        |  |
| Effective October 1, 2001  |  |   |                                       |   |                  |           |                              | 10/079 603             |         |                  |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                       |   |                  |           | ALL EN                       | miy                    | OR      | OTHER<br>SMALL E |                        |  |
| TOTAL CLAIMS   |  |   | 39                                    |   |                  | F         | RATE                         | FEE                    |         | RATE             | FEE                    |  |
| FOR  |  |   | NUMBER                                | FILED NUM                                   | BER EXTRA        | ВА        | SIC FEE                      | 370.00                 | OR      | BASIC FEE        | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 39 minus 20= * 19                     |   | 9                | ,         | <b>(\$ 9=</b>                |                        | OR      | X\$18=           |                        |  |
| INDEPENDENT CLAIMS   |  |   | J-mi                                  | nus 3 = * (                                 | 9.               | X42=      |                              |                        | OR      | X84=             |                        |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PF                             | RESENT '                              |   |                  |           | +140=                        |                        | OR      | +280=            |                        |  |
| * If   | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |   |                  |           | TOTAL                        |                        | OR      | TOTAL            |                        |  |
|  | C  | AIMS AS A                                 | MENDED - PART II                      |   |                  |           |                              |                        |         | OTHER            | THAN                   |  |
|  |  | (Column 1)                                |                                       | (Column 3)                                  | SMALL EN         |           | ENTITY                       | OR                     | SMALL   | NTITY            |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | . F       | RATE                         | ADDI-<br>TIONAL<br>FEE |         | RATE             | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | · 35                                      | Minus                                 | **  | п                | ] [;      | <b>X\$</b> 9=                |                        | OR      | X\$18=           |                        |  |
|  | Independent                                    | . 12                                      | Minus                                 | ***   | =                |           | X42=                         |                        | OR      | X84=             |                        |  |
| ۷  | FIRST PRESENTATION OF MULTIPL                  |   |                                       | TIPLE DEPENDENT CLAIM                       |                  |           |                              |                        |         | .000             |                        |  |
|  |  |   |                                       |   |                  |           | 140=.                        |                        | OR.     | +280=            |                        |  |
|  |  |   |                                       |   |                  |           |                              |                        | OR      | ADDIT. FEE       |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |   |                  |           |                              |                        |         |                  |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |           | RATE                         | ADDI-<br>TIONAL<br>FEE |         | RATE             | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                 | **  | =                | _    :    | X\$ 9=                       |                        | OR      | X\$18=           |                        |  |
|  | Independent                                    | *   | Minus                                 | ***   | 5                |           | X42=                         |                        | OR      | X84=             |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |   |                  |           | 140                          |                        | 1       | +280=            |                        |  |
|  | +140=<br>TOTAL                                 |   |                                       |   |                  |           |                              |                        | OR      | TOTAL            |                        |  |
|  |  |   |                                       |   |                  |           |                              |                        | OR      | ADDIT. FEE       |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |   |                  |           |                              |                        |         |                  |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |           | RATE                         | ADDI-<br>TIONAL<br>FEE |         | RATE             | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  |   | Minus                                 | 42  | 8                |           | X\$ 9=                       |                        | OR      | X\$18=           |                        |  |
|  | Independent                                    | *   | Minus                                 | ***   | æ.               | ] [       | X42=                         |                        | OR      | X84=             |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |   |                  |           |                              |                        | 1       |                  |                        |  |
| +140=  |  |   |                                       |   |                  |           |                              |                        | OR      |                  |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                       |   |                  |           |                              |                        |         |                  |                        |  |
| **   | "If the "Highest No                            | umber Previously I<br>mber Previously P:  | Paid For IN TI<br>aid For (Total      | HIS SPACE is less<br>or Independent) is     | the highest num  | ber found | in the a                     | propriate be           | ox in c | olumn 1.         |                        |  |